

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)	10/049427	
CLAIMS								
AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51	1	
2						52	1	
3						53	1	
4						54	1	
5						55	1	
6						56		
7						57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
18						68		
19	1					69		
20	1					70		
21	1	1				71		
22	1					72		
23	1					73		
24	1					74		
25	1					75		
26	1					76		
27	1	1				77		
28	1					78		
29						79		
30						80		
31						81		
32	1	1				82		
33						83		
34	1					84		
35						85		
36						86		
37	1	1				87		
38						88		
39	1	1	1			89		
40	1	1	1			90		
41	1	1	1			91		
42	1	1	1			92		
43	1	1	1			93		
44	1	1	1			94		
45	1	1	1			95		
46	1	1	1			96		
47	1	1	1			97		
48						98		
49						99		
50						100		
TOTAL			2			TOTAL NO.	16	
TOTAL			2			TOTAL DEP.	18	
TOTAL			2			TOTAL CLAIMS	34	

1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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